

REQUEST FOR REVIEW OF FINDING – GENERAL ASSISTANCE

If you disagree with the decision made on your request for General Assistance, this form should be filled out and given to your worker, your worker's supervisor, or directed to the Lancaster County General Assistance Appeal Hearing Officer.

Name of Applicant _____

Address _____

Social Security No. _____ Date _____

Person Receiving Form _____ Date _____

You have the right to have this decision reviewed in one of the three following ways. Your request must be received within 30 calendar days.

1. You may request that your application and your worker's decision be specifically reviewed by a supervisory person to see that a proper decision was made. If this person needs more facts from you, they will contact you. You will receive a written statement as to the result of the review which will be mailed within 10 days of the date we receive your request.
2. You may request a conference with a supervisor at which your situation can be discussed. After such conference, the entire application will be reviewed and you will receive the written notice regarding the result of the conference within 10 days after we have received your request.
3. You may appeal the decision. In this case, the appeal hearing will be held by the Lancaster County Administrative Staff Member designated to hear the appeal. Again, further evidence for arguments may be made at this time.

For any of the above procedures, you may represent yourself or be represented by a friend, guardian, or legal representative. In all cases, we will send you a written notice of our decision within 10 days of your request. You may request steps one and/or two or may immediately request an appeal.

REQUEST FOR ACTION

- ☐ I wish to have a Supervisor review my worker's decision. (#1)
- ☐ I wish to request a conference with a Supervisor to discuss the decision. (#2)
- ☐ I wish to appeal the decision. (#3)

The following is an explanation of why I think my application should have been approved.

Signature

Date